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Applicant:	William Leon Rugg	Examiner:	Clark, Jasmine Jhihan B.
Serial No.:	10/695,192	Group Art Unit:	2815
Filed:	October 28, 2003	Docket No.:	STL10946
Title:	MULTI FUNCTION PACKAGE		

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PO Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.312 AMENDMENT**

Dear Sir/Madam:

In response to the mailed Notice of Allowance for the present application, please amend the application as follows and consider the ensuing remarks.

PTO/SB/21 (09-04)

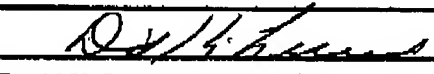
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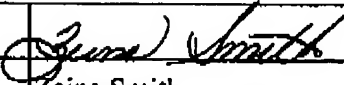
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/695,192	
	Filing Date	October 28, 2003	
	First Named Inventor	William Leon Rugg	
	Art Unit	2815	
	Examiner Name	Jasmine Jhihan B. Clark	
Total Number of Pages in This Submission	26	Attorney Docket Number	STL10946

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <span style="float: right;"><b>RECEIVED</b> OIEP/IAP JUL 29 2005</span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Seagate Technology LLC	
Signature		
Printed name	David K. Lucente	
Date	7/28/05	Reg. No. 36,202

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Zeina Smith	Date 07/28/2005

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